

Double Helix Consulting, London, UK

OBJECTIVES: Although HTA is well established in healthcare systems like the England & Wales National Health Service (NHS), it is increasingly used more formally in developing countries such as Poland and Mexico. The objectives of this research were to understand the drivers of decision-making and future trends in these HTA systems in relation to market access for pharmaceuticals. **METHODS:** Secondary research and structured telephone interviews with 12 key stakeholders in Poland and Mexico was carried out. The research evaluated trends in the following aspects of the systems: impact of HTA in final reimbursement decisions, positioning of HTA in the healthcare system and future trends. A comparison of the impact of HTA in Mexico and Poland was then made on a rating scale devised to account for these influencing factors. **RESULTS:** HTA in Mexico is positioned within a highly decentralised healthcare system, although its Federal Cuadro Básico is important in determining price and access for pharmaceuticals. HTA appraisals although mostly conducted by IMSS (60% of reimbursement) are also used by the other reimbursing institutions. The Polish HTA body, AHTAPol, works closely with the reimbursement process at the central level, but its ultimate influence on price and reimbursement is moderate; the majority of respondents (n=8) regarded HTA as more of a negotiating tool, as decision-making balances multiple diverse interests. **CONCLUSIONS:** HTA is seen to impact the Polish system, despite being centralised to a lesser extent than Mexico, which has a decentralised health system and a significant private sector. In addition to HTA, historical development of the health care system, external influences and financial resources are equally important drivers of access decisions.

PHP37

CROSS-CONTINENTAL COMPARISON OF HTA EVOLUTION IN EMERGING MARKETS: BRAZIL, INDIA AND POLAND

Kirpekar S, Shankland B, Dummett H
Double Helix Consulting, London, UK

OBJECTIVES: Despite universal healthcare being the common motto, healthcare systems in developing economies around the world have developed to varying extents. HTA as a concept has evolved particularly in Western European markets to ensure equity and equality of healthcare provision. Understanding the status of HTA evolution and impact on reimbursement decisions is expected to have lessons to be learnt for countries like India where non-evolution of HTA is seen. **METHODS:** Secondary research to understand the reimbursement systems publicly available information about recent reimbursement decisions was done. Primary research involved discussions with decision makers in important reimbursement bodies. Eight in-depth interviews were conducted covering individuals from a variety of backgrounds. Information was collected under headings covering current drivers, historical influences, existing issues, reasons for evolution / non-evolution of HTA and expected changes. Data was analysed qualitatively to develop results. **RESULTS:** Broadly, HTA was seen to be non-evolved in India. Majority of the market being out-of-pocket is considered the key driver where both industry and doctors are thought to generally oppose any formal technology appraisals (n=6). At the other end of the spectrum, despite having a multi-payer reimbursement system, Brazil was seen to be using HTA as a tool for reimbursement decisions widely (n=6). Poland however, despite having a well-developed HTA system was seen to use HTA more as a negotiation tool than for reimbursement decisions (n=4). **CONCLUSIONS:** A tri-directional comparison of HTA systems and their involvement in the reimbursement system showed that the reasons behind the varying level of HTA influence can be attributed somewhat to the history of the healthcare systems. There are lessons to be learned for Poland, which is a centralised system from other centralised systems like England and for India from Brazil. In-depth research involving lessons from Brazil for India is warranted.

PHP38

HEALTH TECHNOLOGY ASSESSMENT APPLIED TO MEDICAL DEVICES IN LATIN AMERICA: WHAT MUST BE ASSESSED

Gimenes F¹, de O. Machado F², Quiroz ME³

¹Medtronic, Sao Paulo, SP, Brazil, ²Medtronic, Doral, FL, USA, ³Medtronic, Colonia Juarez, DF, México

OBJECTIVES: Analyze the health technology assessment (HTA) scenario and process to Medical Devices (MD) in Latin American and discuss the appropriateness of the present process. **METHODS:** search in Latin American and Caribbean Health Sciences Literature (LILACS), PubMed, gray literature and internet search. **RESULTS:** MD and drugs differ from their concept to usage, therefore it is important to note that is not always possible to apply the same HTA processes to both categories. In the research, we found in Latin America 12 countries with significant HTA initiatives and the majority emerged in the past decade. In total, 4 countries with published economic evaluation guidelines, 17 HTA committees and groups, 6 ISPOR chapters, the Pan American Health Organization (PAHO) HTA initiative and Mercosur HT special group. The expertise with HTA applied to drugs seems to be higher than HTA applied to MD across Latin America and this was observed in appraisals published by the main HTA agencies. Important to note the almost non existence of specific HTA guidelines to MD among HTA agencies, groups and committees. **CONCLUSIONS:** The methodological validity should consider a broader source of evidence to evaluate the efficacy of certain MD or for certain clinical indications or settings. Patient and/or investigator blinding is impractical or impossible for many MD and most surgical procedures. Observational studies should be considered as a relevant source of data for HTA, often randomized clinical trials do not provide real life data and are not always feasible technically and ethically for devices. MD has a shorter life cycle and it is not compatible with HTA cycles which can vary from 6 months to 4 years for a sound assessment. HTA

agencies, committees and groups in Latin America must recognize the medical devices specificities and its market dynamics and incorporate to existing guidelines a process adequate to this category.

PHP39

GAUGING THE ROLE OF HTA IN REIMBURSEMENT DECISION-MAKING ACROSS FIVE MARKETS IN LATIN AMERICA

Dummett H, Kirpekar S, Shankland B
Double Helix Consulting, London, UK

OBJECTIVES: HTA is at different stages of development across Latin America, from Brazil's highly developed system at one extreme to Venezuela at the other, despite the existence of substantial local expertise. This study attempts to explain these disparities. **METHODS:** A total of 20 HTA reviewers and academic health economists were interviewed across Brazil, Argentina, Mexico, Chile and Venezuela to understand the parameters of the HTA system, the importance of different stakeholders within the process and the decisions influenced by HTA. **RESULTS:** HTA systems within Latin America exist at all stages of the HTA development continuum, although they are better developed than in many other developing countries. At one end sits a multi-payer, universal health system Brazil in which demonstration of cost-effectiveness is considered highly important for central funding decisions. At the other extreme sit Chile and Venezuela in which no formal role for HTA yet exists, although the speed and direction of HTA development in these two countries is likely to differ. In between sits Argentina, where HTA capability is advanced but operating within a fragmented health system. **CONCLUSIONS:** HTA is developing rapidly within the markets surveyed suggesting that private actors would be rational to invest in local expertise. However, despite formalisation, cost-effectiveness may remain only one of many decision factors. Understanding the nuances of where HTA sits in the reimbursement system and how it is applied in practice in each market is essential for maximising favourable outcomes for suppliers and providers alike.

Health Care Use & Policy Studies – Patient Registries & Post-Marketing Studies

PHP40

PROMOTING EFFICIENCY OF AVAILABLE CAPACITY IN A FRAGMENTED HEALTH SYSTEM: PATIENTS WITH DIFFERENT HEALTH INSURANCE SCHEMES ATTENDED BY MOH, MEXICO 2006-2010

Gómez-Fraga S

Mexican Ministry of Health, México, D.F., México

OBJECTIVES: In order to implement strategies that promote an efficient use of public health services and grant more access opportunities to the population, irrespective of their insurance status, estimate the volume and type of hospital care services provided by the Ministry of Health (MoH) to patients who have social security or private health insurance. **METHODS:** The exercise was made through an analysis by ICD-10 of the Hospital Discharge Automated System, which concentrates hospital activity from over 600 hospitals belonging to MoH, between January 2006 and August 2010. Patients having a social security scheme (IMSS, ISSSTE, PEMEX, SEDENA y SEMAR) or private health insurance were analyzed. **RESULTS:** A total of 11.9 million of attentions were recorded in the analyzed period, 2.2 on average per year, of which, 40 thousand (1.7%) corresponded to patients who belong to a social security institution or private health insurance. Among the institutions of origin, IMSS led the list with 45% of the total, followed by ISSSTE with 26% and private insurances with 20%. By ICD-10 chapter, Pregnancy, childbirth and puerperium (O00-O99) was the most demanded, with 24.5% of the total attentions. In the analysis by state, about 50% of cases came from five to seven states; in 2010 the state of Jalisco led the list with 14.5% of the total, followed by the states of Tamaulipas and Mexico, with about 7% each. Considering all the analyzed period, the most common intervention was Single spontaneous delivery (O80), (41% in 2010). **CONCLUSIONS:** Quantifying the MoH health care demand coming from social and private insured population and its evolution will permit the definition of better exchange planning strategies and guarantee its appropriate financial compensation. Besides analyze the exchange volume and their characteristics; establishing fees and agreements is needed to implement reimbursement systems between public sector institutions.

PHP41

MONITORING OF HPV VACCINATION EFFECTIVENESS WITHIN EUROPEAN UNION

Bielik J¹, Marušáková E², Glogowski C³

¹Trencin University, Trencin, Slovak Republic, ²GlaxoSmithKline Slovakia, Bratislava, Slovak Republic, ³GSK Commercial Sp. z o.o., Warsaw, Poland

OBJECTIVES: The study evaluated recent data related to real impact measurement of HPV prevention or cervical oncologic diseases related to HPV infection available from publications in the EU member states. The main idea was to find out whether there is any prerequisite to evaluate the effectiveness of the preventive HPV vaccination based on the existing data and standard approaches within the EU in the future in an observational study. The second goal was to define these prerequisites in order to use them for "good practice." **METHODS:** The systematic review of PUBMED, EMBASE and CENTRAL extended to official websites of public health institutions officially published data was used. The goal was to find all papers on HPV/cervical cancer epidemiology, screening, and prevention published in years 2009- 2011, related to EU member states. Only studies related to countries from the European Union were taken into account. All relevant data were extracted and compared. Population size was derived from Eurostat. Based on this data we created the principles for evaluation of HPV screening and monitoring of quality indicators. **RESULTS:** Out of 27 EU countries, only 2 countries (Denmark and United